

SUPPLEMENTAL QUALIFICATIONS FORM

MAINE DEPARTMENT OF TRANSPORTATION
BUREAU OF MAINTENANCE AND OPERATIONS
MOTOR TRANSPORT SERVICE
105 CAPITOL STREET
AUGUSTA, MAINE 04333

CANDIDATES NAME: _____ DATE SENT: _____

CLASSIFICATION TITLE:
Heavy Vehicle Equipment Technician
Field Heavy Vehicle Equipment Technician

CODE:
N/A

DATE DUE AT MOTOR TRANSPORT SERVICE:
N/A

EXAMINER'S NAME:
Walter Wieczorek

I hereby affirm that the information contained in this form is correct to the best of my knowledge and understand that false or misleading statements may result in rejection of my Application for Employment or dismissal from Maine State Service if I am selected.

Signature: _____

Date: _____

INSTRUCTIONS:

This request for supplemental information is to allow you to directly relate your education and experience to specific job requirements. Please complete the attached as completely as possible. Unrelated experience will not be considered. Additional sheets may be used if necessary. This form must be signed and dated in order to be evaluated.

The statements you make will be the basis for evaluating your specific suitability for this particular work and provide the basis for making a numerical evaluation of training and experience. This form, upon submission to the Department of Transportation, Motor Transport Services, becomes part of the evaluation process and is held to be confidential.

Statements made on this form and in your application are subject to verification by the Maine Department of Transportation, Motor Transport Services and their Appointing Authority. This form must be returned to the Maine Department of Transportation, Motor Transport Services at the above address.

SUPPLEMENTAL QUESTIONS

ARE YOU AGE 18 OR OLDER? _____ YES _____ NO

List in reverse order, starting with the most recent, all experience that is directly related to the Heavy Vehicle Equipment Technician position for which you have applied. Unrelated experience will not be considered. The information must include but not be limited to the following:

1. Type of equipment (such as car; pickup; light, medium and/or heavy duty truck; trailers and construction equipment).
2. Type of work performed (such as engine, transmission or rear-end repair or rebuild, hydraulic system repair, welding, front end work, suspension work, body and painting, electrical, air brakes, diesel engines, etc.).
3. How many years work/repair experience on vehicles/equipment?

Please include the name, address, and phone number of company contact person/supervisor where the experience was gained. The information will be verified by MTS.

EMPLOYER #1

COMPANY NAME: _____ **TELEPHONE #:** _____

DATES OF EMPLOYMENT: _____ **SUPERVISOR:** _____

EXPERIENCE:

EMPLOYER #2

COMPANY NAME: _____ **TELEPHONE #:** _____

DATES OF EMPLOYMENT: _____ **SUPERVISOR:** _____

EXPERIENCE:

EMPLOYER #3

COMPANY NAME:_____ **TELEPHONE #:**_____

DATES OF EMPLOYMENT:_____ **SUPERVISOR:**_____

EXPERIENCE:

EMPLOYER #4

COMPANY NAME:_____ **TELEPHONE #:**_____

DATES OF EMPLOYMENT:_____ **SUPERVISOR:**_____

EXPERIENCE:
